

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

United States Courts
Southern District of Texas
FILED

SEP 27 2019

David J. Bradley, Clerk of Court

JOHN SAIN, et al.,	§	CIVIL ACTION NO.
	§	4:18-cv-04412
Plaintiffs,	§	
v.	§	
BRYAN COLLIER, et al.,	§	
	§	
Defendants.	§	

**PLAINTIFFS' MOTION REQUESTING LEAVE OF COURT TO PROCEED IN
FORMA PAUPERIS**

TO THE HONORABLE JUDGE OF SAID COURT...

Now comes the above-named Plaintiffs' in the above styled and numbered civil action, each in their individual capacity and as a Class, pursuant to 28 U.S.C. § 1915 Requesting Leave of The Court to Proceed In Forma Pauperis.

This is a suit brought by Texas State Inmates against the Director of The Texas Department of Criminal Justice (TDCJ) and all named Defendants under 28 U.S.C. § 1983. The Plaintiffs have filed a complaint redressing TDCJ's cruel and unusual punishment of inmates, specifically TDCJ's gross indifference to the extreme heat conditions which exist in the inmate housing, work, program, and service areas. The Plaintiffs have filed a complaint seeking declaratory and injunctive relief. Doc. 2.5

Plaintiffs, upon filing this suit November 20, 2018, organized the funds to pay the filing fee in full. This one-time event was accomplished through the gift of a Plaintiffs relative. The

Plaintiffs wholly exhausted their financial resources when they paid the filing and therefore the named Plaintiffs have not and do not possess the means to contribute and fund the expenses necessary to retain Legal Counsel in this very complicated and complex suit nor to gather and retain expert witnesses whom will verify the Constitutional violations the Defendants force upon the inmates at the Luther Unit.

Because of the named Plaintiffs financial status as shown in the attached In Forma Pauperis data sheets, Plaintiffs respectfully request the Court to allow them to proceed In Forma Pauperis in the litigation from this point forward.

The Plaintiffs have filed a request, which has not yet been considered by the Court, requesting Class Certification and appointment of Class Counsel. Doc 30, and Doc. 31.

Plaintiffs present for the Court's consideration their individual In Forma Pauperis data sheet and six-month TDCJ Trust Fund Financial Statements.

Attachment A – John Sain

Attachment B – Salvador Capuchino

Attachment C – David Cummings

Attachment D – Phillip Gullett

Attachment E – David Wilson

RELIEF REQUESTED

Based upon their incarceration and inability to pay cost the Plaintiffs request the Court to allow them to Proceed In Forma Pauperis.

PRAYER

Premises considered, Plaintiffs pray that this Honorable Court having found good cause will grant Plaintiffs' Motion and any additional relief the Court may deem appropriate in order that they may be able to effectively redress their Constitutional claims.

Direct the Clerk to provide a copy of the Court's Order to all parties.

Respectfully Submitted,

Dated: September 23, 2019

CERTIFICATE OF CONFERENCE

Whereby their signatures below, Plaintiffs do hereby certify/declare that a conference is not possible because Plaintiffs are incarcerated in Texas Department of Criminal Justice, Institutional Division, and are proceeding Pro Se in this cause. Plaintiffs will not speculate on whether the Defendants oppose this motion.

CERTIFICATE OF SERVICE

Whereby their signatures below, Plaintiffs do hereby certify/declare that true and correct copies of the foregoing document was forwarded via U.S. First Class Mail, postage pre-paid, to the following parties:

- a. Bryan Collier
TDCJ Executive Director
Texas Department of Criminal Justice
- b. James McKee
Warden
O.L Luther Unit (P2)
- c. Texas Department of Criminal Justice
c/o Bryan Collier
TDCJ Executive Director

Service was perfected to the above Defendants through their Attorneys of Record for Service:

Todd Disher
Attorney In Charge
Office of Attorney General of Texas
209 W 14th, 8th Floor
Austin, TX 78701

Leah Jean O'Leary
Office of the Attorney General
Law Enforcement Defense Division
P.O. Box 12548 Capital Station
Austin, TX 78711-2548

CERTIFICATE OF MAILING

Whereby their signatures below, Plaintiffs do hereby certify/declare that the foregoing document was delivered to the United States Post Office for processing (U.S. First Class postage, pre-paid).

Pursuant to Fed. R. App. P. Rule 25 (a)(2)(A)(iii), "Mailbox Rule," Pro se documents filed at the time they are placed in the institutional mailing system for processing.

INMATE DECLARATION

We, the Plaintiffs listed below, being over 18 years of age, of sound mind, capable of making this declaration due to the facts that we: suffer from and/or experience(d) one or more of the conditions described; attended consultations with qualified medical and other professionals; having been trained by medical personnel to recognize and treat complications due to illness/heat/cold; having studied materials listed under Fed. R. Civ. P. Rule 902; through our personal observations; and due to belief and empirical knowledge that the facts stated above; pursuant to 28 U.S.C. § 1746, do hereby declare under penalty of perjury that the foregoing is true and correct from personal knowledge.

Executed on September 23, 2019

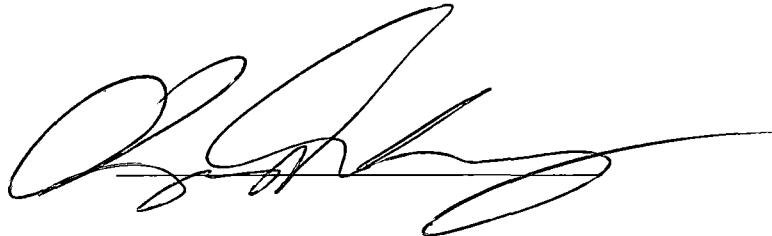
JOHN SAIN, Pro Se
TDCJ ID# 01373168
O.L. Luther Unit (P2)
1800 Luther Dr.
Navasota, TX 77868-4714



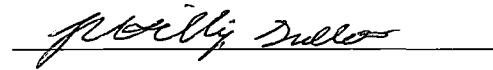
SALVADOR CAPUCHINO, Pro Se
TDCJ ID# 01675667
O.L. Luther Unit (P2)
1800 Luther Dr.
Navasota, TX 77868-4714



DAVID CUMMINGS, Pro Se
TDCJ ID# 02153663
O.L. Luther Unit (P2)
1800 Luther Dr.
Navasota, TX 77868-4714



PHILLIP GULLETT, Pro Se
TDCJ ID# 01672020
O.L. Luther Unit (P2)
1800 Luther Dr.
Navasota, TX 77868-4714



DAVID WILSON, Pro Se
TDCJ ID# 01648044
O.L. Luther Unit (P2)
1800 Luther Dr.
Navasota, TX 77868-4714



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

JOHN SAIN, et al.,	§	
	§	CIVIL ACTION NO.
Plaintiffs,	§	4:18-cv-04412
v.	§	
BRYAN COLLIER, et al.,	§	
	§	
Defendants.	§	

ORDER TO PROCEED IN FORMA PAUPERIS

On this date, the Court considered the Plaintiffs' Motion to Proceed In Forma Pauperis. Having considered the Motion, its attachments, all applicable law, and the disposition of the Case of the Court **GRANTS** the motion as follows:

As for the Proceeding In Forma Pauperis the Court Orders:

John Sain	GRANTED _____	DENIED _____
Salvador Capuchino	GRANTED _____	DENIED _____
David Cummings	GRANTED _____	DENIED _____
Phillip Gullett	GRANTED _____	DENIED _____
David Wilson	GRANTED _____	DENIED _____

And for the Clerk to provide service to each party, a copy of this Court's signed order.

IT IS SO ORDERED

Date: _____, 2019
Houston, Texas

HONORABLE JUDGE SIM LAKE

Attachment A

In Forma Pauperis

John Sain

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

JOHN SAIN, Pro Se, TDCJ ID# 01373168)	
<i>Plaintiff/Petitioner</i>)	
v.)	Civil Action No. 4:18-cv-04412
BRYAN COLLIER, JAMES MCKEE, TDCJ)	
<i>Defendant/Respondent</i>)	

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: O.L. Luther Unit (P2) 1800 Luther Dr. Navasota, TX 77868-4714.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

N/A

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per
(specify pay period) 0.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

(d) VA SERVICE CONNECTED DISABILITY PAYMENT: \$140 PER MONTH

(e) GIFT, MONTHLY, FROM PARENTS FOR HYGIENE, CLOTHING, FOOD, SUPPLIES, PHONE, \$135 PER MONTH

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

NONE

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

FOOD: 125
 CLOTHING: 6
 TELEPHONE: 75
 MEDICAL: 13
 POSTAGE/SUPPLIES: 56
\$275 PER MONTH

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

NONE

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

NONE

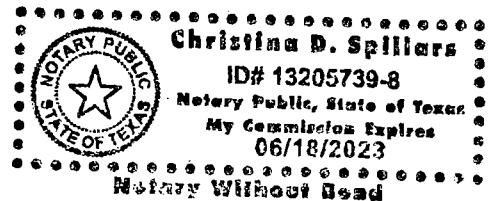
Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 19 SEPT 2019

John Sain
 Applicant's signature
JOHN SAIN
 Printed name

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 09/20/19
 1AD5/SC00255 IN-FORMA-PAUPERIS DATA 15:35:39
 TDCJ#: 01373168 SID#: 07210674 LOCATION: LUTHER INDIGENT DTE:
 NAME: SAIN, JOHN RAY BEGINNING PERIOD: 03/01/19
 PREVIOUS TDCJ NUMBERS:
 CURRENT BAL: 186.91 TOT HOLD AMT: 0.00 3MTH TOT DEP: 825.00
 6MTH DEP: 1,650.00 6MTH AVG BAL: 227.74 6MTH AVG DEP: 275.00
 MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS
 08/19 278.66 275.00 05/19 328.79 275.00
 07/19 284.69 275.00 04/19 720.54 275.00
 06/19 304.07 275.00 03/19 477.58 275.00
 PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION

STATE OF TEXAS COUNTY OF Gillespie
 ON THIS THE 20th DAY OF September 2019 I CERTIFY THAT THIS DOCUMENT IS A TRUE,
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: Christina D. Spillars
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____



Attachment

B

In Forma Pauperis

Salvador Capuchino

UNITED STATES DISTRICT COURT
for the
Southern District of Texas

<u>SALVADOR CAPUCHINO, Pro Se TDCJ ID 01675667</u>)	
<i>Plaintiff/Petitioner</i>)	
v.)	Civil Action No. 4:18-cv-04412
<u>BRYAN COLLIER, JAMES MCKEE, TDCJ</u>)	
<i>Defendant/Respondent</i>)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: O.L. Luther Unit (P2) 1800 Luther Dr. Navasota, TX 77868-4714. If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per
(specify pay period) N/A.

3. *Other Income.* In the past 12 months, I have received income from the following sources (*check all that apply*):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

VA Disability Compensation \$140.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*): D

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*): Food - 77

CLOTHING - 10

MEDICAL - 13

POSTAGE / STATIONARY - 40

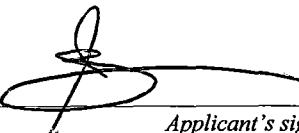
7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: 0

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

0

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 9-20-19



Applicant's signature

SALVADOR CAPUCHINO
Printed name

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 09/20/19
 1AD5/SC00255 IN-FORMA-PAUPERIS DATA 15:41:40
 TDCJ#: 01675667 SID#: 06029054 LOCATION: LUTHER INDIGENT DTE: 09/19/19
 NAME: CAPUCHINO, SALVADOR HERNANDEZ BEGINNING PERIOD: 03/01/19
 PREVIOUS TDCJ NUMBERS:

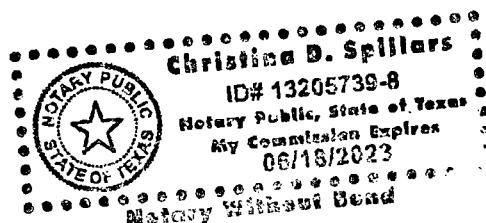
CURRENT BAL:	0.89	TOT HOLD AMT:	0.00	3MTH TOT DEP:	420.15
6MTH DEP:	840.30	6MTH AVG BAL:	45.43	6MTH AVG DEP:	140.05

MONTH HIGHEST BALANCE	TOTAL DEPOSITS	MONTH HIGHEST BALANCE	TOTAL DEPOSITS
-----------------------	----------------	-----------------------	----------------

08/19	140.84	140.05	05/19	140.64	140.05
07/19	141.79	140.05	04/19	194.59	140.05
06/19	143.84	140.05	03/19	140.64	140.05

PROCESS DATE	HOLD AMOUNT	HOLD DESCRIPTION
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STATE OF TEXAS COUNTY OF Grimes
 ON THIS THE 20th DAY OF September 2019 I CERTIFY THAT THIS DOCUMENT IS A TRUE,
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: Christina D. Spillars
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____



Attachment C

In Forma Pauperis

David Cummings

UNITED STATES DISTRICT COURT
for the
Southern District of Texas

<u>DAVID CUMMINGS , Pro Se TDCJ ID# 02153663</u>)
<i>Plaintiff/Petitioner</i>)
v.)
<u>BRYAN COLLIER, JAMES MCKEE, TDCJ</u>)
<i>Defendant/Respondent</i>)

Civil Action No. 4:18-cv-04412

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: O.L. Luther Unit (P2) 1800 Luther Dr. Navasota, TX 77868-4714. If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 0, and my take-home pay or wages are: \$ 0 per
(specify pay period) 0.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

GIFT FROM 2 FRIENDS TO MAINTAIN MY HYGIENE.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Food = 75.00
Phone = 50.00
Clothes = 6.00
 130.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

No

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 20 Sept 2014

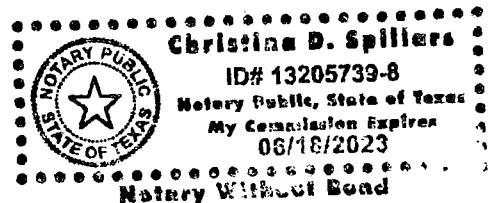

Applicant's signature
DAVID CUMMINGS
Printed name

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 09/20/19
 1AD5/SC00255 IN-FORMA-PAUPERIS DATA 15:40:29
 TDCJ#: 02153663 SID#: 05189743 LOCATION: LUTHER INDIGENT DTE: 09/17/19
 NAME: CUMMINGS, DAVID WAYNE BEGINNING PERIOD: 03/01/19
 PREVIOUS TDCJ NUMBERS:

CURRENT BAL:	1.68	TOT HOLD AMT:	0.00	3MTH TOT DEP:	420.00
6MTH DEP:	780.00	6MTH AVG BAL:	81.86	6MTH AVG DEP:	130.00
MONTH HIGHEST BALANCE TOTAL DEPOSITS		MONTH HIGHEST BALANCE TOTAL DEPOSITS			
08/19	137.68	70.00	05/19	80.53	100.00
07/19	130.98	150.00	04/19	145.33	150.00
06/19	182.33	200.00	03/19	182.58	110.00

PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION

STATE OF TEXAS COUNTY OF ARKANSAS
 ON THIS THE 20th DAY OF September 2019 I CERTIFY THAT THIS DOCUMENT IS A TRUE,
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: Christina Spillers
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____



Attachment

E

In Forma Pauperis

David Wilson

UNITED STATES DISTRICT COURT
for the
Southern District of Texas

DAVID WILSON, Pro Se TDCJ ID# 01648044

)

Plaintiff/Petitioner

)

v.

Civil Action No. 4:18-cv-04412

BRYAN COLLIER, JAMES MCKEE, TDCJ

)

Defendant/Respondent

)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: O.L. Luther Unit (P2) 1800 Luther Dr. Navasota, TX 77868-4714.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

N/A

My gross pay or wages are: \$ N/A, and my take-home pay or wages are: \$ N/A per
(specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (*check all that apply*):

- (a) Business, profession, or other self-employment
- (b) Rent payments, interest, or dividends
- (c) Pension, annuity, or life insurance payments
- (d) Disability, or worker's compensation payments
- (e) Gifts, or inheritances
- (f) Any other sources

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

NONE

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

NONE

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

NONE

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

NONE

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: Sept. 19, 2019

David Wilson

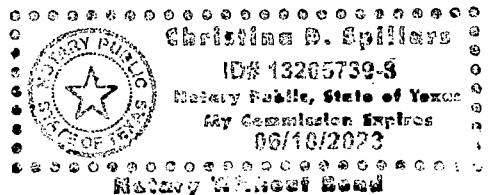
Applicant's signature
David Wilson

Printed name

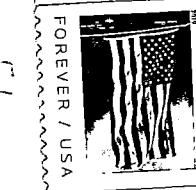
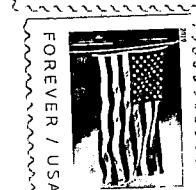
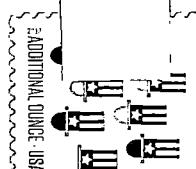
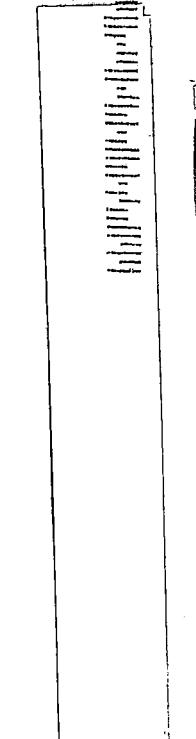
CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 09/20/19
 1AD5/SC00255 IN-FORMA-PAUPERIS DATA 15:39:36
 TDCJ#: 01648044 SID#: 04014010 LOCATION: LUTHER INDIGENT DTE: 06/22/16
 NAME: WILSON, DAVID LEE BEGINNING PERIOD: 03/01/19
 PREVIOUS TDCJ NUMBERS:

CURRENT BAL:	0.00	TOT HOLD AMT:	0.00	3MTH TOT DEP:	40.00
6MTH DEP:	40.00	6MTH AVG BAL:	0.00	6MTH AVG DEP:	6.67
MONTH HIGHEST BALANCE TOTAL DEPOSITS		MONTH HIGHEST BALANCE TOTAL DEPOSITS			
08/19	40.00	40.00	05/19	0.00	0.00
07/19	0.00	0.00	04/19	0.00	0.00
06/19	0.00	0.00	03/19	0.00	0.00
PROCESS DATE	HOLD AMOUNT	HOLD DESCRIPTION			

STATE OF TEXAS COUNTY OF Grimes
 ON THIS THE 20th DAY OF September 2019 I CERTIFY THAT THIS DOCUMENT IS A TRUE,
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: Christina B. Spillers
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: _____ OR SID NUMBER: _____



Texas San 01373168
1800 Kuykendahl Dr.
Minnetonka, Tx 77868-4714



United States Courts
Southern District of Texas
FILED

SEP 27 2019

David J. Bradley, Clerk of Court

Clerk of Courts

515 Rusk St., Rm 11535
Houston, Tx 77002